

FORENSIC SCIENCE INTENSIVES

FRIDAY, SEPTEMBER 15, 2006

INDIANAPOLIS HILTON NORTH

**TOPICS:**

- **Attacking Prosecution Evidence of ARSON**
- **Challenging Firearms and Toolmark Evidence; bring your own case**
- **Attacking DNA**
- **Forensic Anthropology**
- **SCHIZOPHRENIA; bring your own case**
- **Arson: Advance Issues; bring your own case**

**FACULTY:**

- ❖ Dr. Phillip Coons, M.D.
- ❖ Professor Dan Krane, Ph.D. & Ray Casanova
- ❖ John Lentini
- ❖ Ira Mickenberg
- ❖ Professor Adina Schwarz
- ❖ Andrea Simmons, Ph.D., J.D.

**CLE:** six credit hours (no ethics)

• DATE • PRICE • PLACE •

**Time:** 9:00 a.m. to 5:00 p.m. (lunch provided)

**Fees:** Public defenders; **\$90 by Aug 25; after Aug 25- \$115; at the door - \$140**

Criminal defense lawyers; **\$115 by Aug 25; after Aug 25 - \$140; at the door -**

**\$165**

Non-Attorneys: **\$65 by Aug 25; after Aug 25 - \$90; at the door - \$115**

New Attorneys (*passed the bar in 2004*) **\$45 by Aug 25; after Aug 25 - \$70**

Deadline for cancellation refund is **September 1**

**Place: Indianapolis Hilton North  
8181 N. Shadeland Ave.  
Indianapolis, IN 46250  
(317) 849-6668**

- ✓ To guarantee the \$83.00 room rate, you need to reserve by **Wednesday, August 23, 2006 at 317-849-6668.**
- ✓ This special room rate is for **Thursday, (9/14) only.** Please inform the reservationist that you are with the **Public Defender Council** when making your reservation.
- ✓ If you have problems, contact Teresa Campbell, Executive Assistant at (317) 232-2490.
- ✓ Register on-line at:  
[www.state.in.us/pdc/general/register.html](http://www.state.in.us/pdc/general/register.html)

\*\*\* Reception with Death Penalty Conference registrants on Thursday, September 14 from 6 –8 p.m.

*Please cut here and return bottom portion with check*

**Forensic; September 15, 2006**

Name: \_\_\_\_\_ Attorney Number: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Are you a vegetarian? \_\_ Yes \_\_ No

Any special diet? \_\_\_\_\_

Credit Card VISA OR MC \_\_\_\_\_ Expiration Date \_\_\_\_\_ CV Code \_\_\_\_\_

Billing Address \_\_\_\_\_

☐ **I certify that I am a criminal defense attorney.** \_\_\_\_\_

*Signature*

**Mail this form to:**

**Indiana Public Defender Council**

**ATTN: FORENSIC**

309 W. Washington, Ste. 401

Indianapolis, IN 46204-2725

Or Fax to: (317) 232-5524